

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

APPLICATION INFORMATION FORM

ATTENTION

IMPORTANT INFORMATION PLEASE READ

Enclosed is the application packet you recently requested from the Wisconsin Department of Regulation and Licensing.

To avoid any unnecessary errors, take a moment to review the entire application packet before you begin to complete your application.

We will mail you a check sheet within 10-15 working days after receipt of your application in this office. The check sheet will include an identification number that allows you to check the status of your application by calling the **Interactive Voice Response System, (608) 261-7925**. The Interactive Voice Response System will inform you of any requirements not met. You may also check the status of your application on our web-site: <http://www.drl.state.wi.us>. Look under "Applicant Services."

It is your obligation as an applicant to see that the items listed as "Is Required" are forwarded to the Department of Regulation and Licensing. The Department will not contact other agencies or jurisdictions for information/documents to complete your application. We will update check sheets within 3-5 working days of receipt of documents. An application is not considered complete until we receive all the required documents and fees.

Once your application is complete, check the department's web-site: <http://www.drl.state.wi.us>. Look under "Business/Professional License Lookup" for your official credential number and grant date.

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Mail To: P.O. Box 8935
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FAX #: (608) 261-7083
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MARRIAGE & FAMILY THERAPY, PROFESSIONAL COUNSELING AND SOCIAL WORK EXAMINING BOARD

APPLICATION TO ENGAGE IN PSYCHOMETRIC TESTING

Under the rules promulgated jointly by the Marriage and Family Therapy, Professional Counseling and Social Work Examining Board and the Psychology Examining board, an LMFT, LPC, or LCSW may engage in psychometric testing, including the use of a test for diagnostic purposes, only if the appropriate section of the board has received and approved the following information demonstrating generic and specific qualifications to perform psychometric testing, as stated in both (a) and (b). A person credentialed by the board may use a test for screening or referral purposes only, if the board receives and approves the information as stated in (b).

(a) Academic training at the graduate or post-graduate level that covered:

- descriptive statistics
- reliability and measurement error
- validity and meaning of test scores
- normative interpretation of test scores
- selection of appropriate test(s)
- test administration procedures
- ethnic, racial, cultural, gender, age and linguistic variables
- testing individuals with disabilities

(b) An affidavit from a professional qualified to supervise psychometric testing, stating that the individual licensee has acquired supervised experience and acquired specific qualifications for the responsible selection, administration, scoring and interpretation of one or more particular psychometric tests including, if appropriate, use of the test(s) in particular settings or for specific purposes. Particular settings include an employment context, an educational context, a career and vocational counseling context, a health care context, or a forensic context. Specific purposes include classification, description, prediction, intervention planning, tracking, training and supervision.

Credential Holder Name: _____ Credential Type: _____

I am qualified to engage in psychometric testing under the board's rules; the following information is submitted for review and approval:

1. I have had academic training at the graduate or post-graduate level that covered:

- descriptive statistics
- reliability and measurement error
- validity and meaning of test scores
- normative interpretation of test scores
- selection of appropriate test(s)
- test administrative procedures
- ethnic, racial, cultural, gender, age and linguistic variables
- testing individuals with disabilities

Wisconsin Department of Regulation & Licensing

I have attached transcripts from each institution listed below:

| Course | Course Number | Institution | Number of Credits | Time Period | Topics |
|--------|---------------|-------------|-------------------|-------------|--------|
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2. As attested to by an affidavit from _____, a licensed psychologist who has the education, experience and training to select, administer, score and interpret specific tests, I have acquired supervised experience and specific qualifications for the responsible selection, administration, scoring and interpretation of the following psychometric tests in the following settings, for the following specific purposes:

| Test | Setting(s) | Purpose(s) | Number of Administrations |
|------|------------|------------|---------------------------|
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Supervisor must submit the supporting affidavit, Form #2579, in order to complete this application.

Date: _____

Applicant
Signature: _____

The applicant may return this form to:
Department of Regulation and Licensing
Marriage and Family Therapy, Professional
Counseling and Social Work Examining Board
P.O. Box 8935
Madison, WI 5308-8935

Wisconsin Department of Regulation & Licensing

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Madison, WI 53708-8935

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MARRIAGE & FAMILY THERAPY, PROFESSIONAL COUNSELING AND SOCIAL WORK EXAMINING BOARD

AFFIDAVIT OF SUPERVISOR IN SUPPORT OF APPLICATION TO ENGAGE IN PSYCHOMETRIC TESTING

Applicant's Name: _____

Supervisor's Name: _____

Supervisor License Number: _____

1. I am a licensed psychologist and I have the education, experience and training to select, administer, score and interpret the specific tests as listed below, for which I provided supervision.
2. I affirm that I supervised the applicant stated above, and I attest that he/she has acquired specific qualifications for the responsible selection, administration, scoring and interpretation of the following psychometric tests in the following particular settings for the following specific purposes.
(Particular settings include an employment context, an educational context, a career and vocational counseling context, a health care context, or a forensic context. Specific purposes include classification, description, prediction, intervention planning, tracking, training and supervision.)

Dates of Supervision: _____

| Test | Setting(s) | Purpose(s) | Number of Administrations |
|------|------------|------------|---------------------------|
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| | | | |

Date: _____ Supervisor Signature: _____

The supervisor should return this completed form directly to:

Department of Regulation and Licensing
Marriage and Family Therapy, Professional Counseling and Social Work Examining Board
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APPLICATION PACKET ADDENDUM (INTERNET)

PSYCHOMETRIC TESTING

For the application packet that you have just downloaded, there are additional materials needed.

Please complete this form and fax it to the number listed above. Once the form is returned we will mail the additional items to the address you have provided. If you prefer, you can mail this form directly to the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Please indicate on this form if you have downloaded the Wisconsin Statutes and Code Book for this profession. ☐ Yes ☐ No

PLEASE PRINT OR TYPE

Full Name

Daytime Phone Number

Street Address

PO Box

City, State, Zip

Thank you.

#2612 (4/03)